

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, so on the front if space permits.

1. Article Addressed to:

**Scenifer Mullis**  
P O Box 31356  
Cincinnati, OH 45231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Signature *Scenifer Mullis*

☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
9-18

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service label)

7001 2510 0008 6347 8842

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835